



Geisinger Health Plan Policies and Procedure Manual

Policy: MP106

Section: Medical Benefit Policy

Subject: Routine Ultrasonography in Uncomplicated Pregnancy

Applicable Lines of Business

Commercial	X	CHIP	X
Medicare	X	ACA	X
Medicaid	X		

I. Policy: Routine Ultrasonography in Uncomplicated Pregnancy

II. Purpose/Objective:

To provide a policy of coverage regarding Routine Ultrasonography in Uncomplicated Pregnancy

III. Responsibility:

- A. Medical Directors
- B. Medical Management

IV. Required Definitions

1. Attachment – a supporting document that is developed and maintained by the policy writer or department requiring/authoring the policy.
2. Exhibit – a supporting document developed and maintained in a department other than the department requiring/authoring the policy.
3. Devised – the date the policy was implemented.
4. Revised – the date of every revision to the policy, including typographical and grammatical changes.
5. Reviewed – the date documenting the annual review if the policy has no revisions necessary.

V. Additional Definitions

Medical Necessity or Medically Necessary means Covered Services rendered by a Health Care Provider that the Plan determines are:

- a. appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury;
- b. provided for the diagnosis, and the direct care and treatment of the Member's condition, illness disease or injury;
- c. in accordance with current standards of good medical treatment practiced by the general medical community.
- d. not primarily for the convenience of the Member, or the Member's Health Care Provider; and
- e. the most appropriate source or level of service that can safely be provided to the Member. When applied to hospitalization, this further means that the Member requires acute care as an inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient.

Medicaid Business Segment

Medically Necessary — A service, item, procedure, or level of care that is necessary for the proper treatment or management of an illness, injury, or disability is one that:

- Will, or is reasonably expected to, prevent the onset of an illness, condition, injury or disability.
- Will, or is reasonably expected to, reduce or ameliorate the physical, mental or developmental effects of an illness, condition, injury or disability.
- Will assist the Member to achieve or maintain maximum functional capacity in performing daily activities, taking

into account both the functional capacity of the Member and those functional capacities that are appropriate for Members of the same age.

DESCRIPTION:

Ultrasonography is a radiological technique in which deep structures of the body are visualized by recording the reflection of ultrasonic waves directed into the tissues. One use of ultrasonography is in the field of obstetrics and gynecology, where ionizing radiation is to be avoided whenever possible.

Nuchal Translucency (NT) - The term nuchal translucency refers to the space between the back of the fetal neck and the overlying skin. An association between increased NT and aneuploidy, particularly Down syndrome, was first noted in populations at high risk for chromosomal abnormality (i.e., advanced maternal age with previous pregnancy involving aneuploidy). It is commonly believed that the larger the NT measurement, the greater the association with Down syndrome and other aneuploidy. There are a number of different protocols that involve the NT measurement in combination with serum testing and ultrasound including:

- Combined Screening
- Integrated Screening
- Stepwise Sequential Screening
- Contingent Sequential Screening

INDICATIONS:

Ultrasound examination in obstetrics is used to detect congenital anomalies, multiple-gestation pregnancies, fetal growth disorders, placental abnormalities and to assess fetal age.

Nuchal Translucency Measurement:

The American College of Obstetrics and Gynecology (ACOG) recommends that all pregnant members, regardless of age, should be offered first trimester ultrasound screening for Down syndrome and trisomy 18 which includes nuchal translucency measurement and serum testing {free β -human chorionic gonadotropin (hCG) and pregnancy-associated plasma protein A (PAPP-A)}. For first trimester ultrasound, screening for Down syndrome and trisomy 18 to be considered medically appropriate, it must be accompanied by the recommended serum testing and meet the following criteria:

1. Appropriate ultrasound training and ongoing quality monitoring programs are in place; and
2. Sufficient information and resources are available regarding the different screening options and the limitations of these tests; and
3. Access to an appropriate diagnostic test is available when screening tests are positive.

LIMITATIONS:

The medical utility of repeat routine ultrasound examinations in the absence of a clinical indication has not been demonstrated. Therefore, repeat ultrasound examinations in uncomplicated pregnancies, without evidence of clinical indications will **NOT** be covered.

EXCLUSIONS:

Ultrasound examinations performed solely to satisfy a request to know the fetal sex, to view the fetus, or to obtain a picture of the fetus are not considered medically necessary.

The routine use of three-dimensional (3D) and four-dimensional (4D) fetal ultrasounds is considered unproven because of a lack of evidence that 3D and 4D ultrasounds alter management and improve clinical outcomes over standard two-dimensional (2D) ultrasounds.

Medicaid Business Segment:

Any requests for services, that do not meet criteria set in the PARP, may be evaluated on a case by case basis.

Note: A complete description of the process by which a given technology or service is evaluated and determined to be experimental, investigational or unproven is outlined in MP 15 - Experimental Investigational or Unproven Services or Treatment.

CODING ASSOCIATED WITH: Routine Ultrasonography in Uncomplicated Pregnancy

The following codes are included below for informational purposes and may not be all inclusive. Inclusion of a procedure or device code(s) does not constitute or imply coverage nor does it imply or guarantee provider reimbursement. Coverage is determined by the member specific benefit plan document and any applicable laws regarding coverage of specific services. Please note that per Medicare coverage rules, only specific CPT/HCPCS Codes may be covered for the Medicare Business Segment. Please consult the CMS website at www.cms.gov or

the local Medicare Administrative Carrier (MAC) for more information on Medicare coverage and coding requirements.

- 76376 3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; not requiring image postprocessing on an independent workstation
- 76377 3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision; requiring image postprocessing on an independent workstation
- 76499 Unlisted diagnostic radiographic procedure [when specified as 4-D or 5-D rendering of fetal ultrasound]
- 76801 Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (<14 weeks 0 days), transabdominal approach; single or first gestation
- 76802 each additional gestation
- 76805 Ultrasound, pregnant uterus, B-scan and/or real time with image documentation, complete (complete fetal and maternal examination)
- 76810 multiple gestation, after the first trimester
- 76811 Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; single or first gestation
- 76812 each additional gestation
- 76813 Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement transabdominal or transvaginal approach; single or first gestation.
- 76814 Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement transabdominal or transvaginal approach; each additional gestation.
- 76815 Ultrasound, pregnant uterus, real time with image documentation, limited (fetal size, heartbeat, placental location, fetal position and/or qualitative amniotic fluid volume; one or more fetuses)
- 76816 ultrasound, pregnant uterus, real time with image documentation, follow-up (e.g., reevaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, reevaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal approach, per fetus.
- 76817 ultrasound, pregnant uterus, real time with image documentation, transvaginal.

Current Procedural Terminology (CPT®) © American Medical Association: Chicago, IL

LINE OF BUSINESS:

Eligibility and contract specific benefits, limitations and/or exclusions will apply. Coverage statements found in the line of business specific benefit document will supersede this policy. For Medicare, applicable LCD's and NCD's will supersede this policy. For PA Medicaid Business segment, this policy applies as written.

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This policy will be revised as necessary and reviewed no less than annually.

Devised: 3/03

Revised: 8/13/03 (coding revisions); 8/06(LOB wording); 3/07 (added nuchal translucency); 3/10 (description), 7/16 (Gender Language); 2/24 (add exclusion of 3D-4D US)

Reviewed: 8/04; 8/05; 3/08; 3/09, 3/11, 3/12, 3/13, 3/14, 3/15, 3/16, 3/17, 2/18, 2/19, 2/20, 2/21, 2/22, 2/23,

CMS UM Oversight Committee Approval: 12/23, 5/24

Geisinger Health Plan may refer collectively to health care coverage sponsors Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted. Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.

Coverage for experimental or investigational treatments, services and procedures is specifically excluded under the member's certificate with Geisinger Health Plan. Unproven services outside of an approved clinical trial are also specifically excluded under the member's certificate with Geisinger Health Plan. This policy does not expand coverage to services or items specifically excluded from coverage in the member's certificate with Geisinger Health Plan. Additional information can be found in MP015 Experimental, Investigational or Unproven Services.

Prior authorization and/or pre-certification requirements for services or items may apply. Pre-certification lists may be found in the member's contract specific benefit document. Prior authorization requirements can be found at <https://www.geisinger.org/health-plan/providers/ghp-clinical-policies>

Please be advised that the use of the logos, service marks or names of Geisinger Health Plan, Geisinger Quality Options, Inc. and Geisinger Indemnity Insurance Company on a marketing, press releases or any communication piece regarding the contents of this medical policy is strictly prohibited without the prior written consent of Geisinger Health Plan. Additionally, the above medical policy does not confer any endorsement by Geisinger Health Plan, Geisinger Quality Options, Inc. and Geisinger Indemnity Insurance Company regarding the medical service, medical device or medical lab test described under this medical policy.